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Substitute for Form PTO-875							10/756,163			12/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A		1	N/A	
	EXAMINATION FE		N/A		N/A		N/A		1	N/A	
TO	FAL CLAIMS CFR 1.16(i))		minus 20 =			1	x \$ =		OR	x s =	
	EPENDENT CLAIN CFR 1.16(h))	1S	minus 3 =			1	X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	L
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	03/08/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(ii)	· 47	Minus	·· 47	-]	x s =		OR	x s =	
	Independent (37 CFR 1.16(h))	· 8	Minus	8	-]	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15(i))	*	Minus		-	1	X \$ =		OR	x s =	
DM	Independent (37 CFR 1.16(h))	*	Minus	***	-	1	x s =		OR	x s =	
핅	Application Size Fee (37 CFR 1.16(s))					1			ı		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The Highest Number Previously Paid For IN THIS SPACE is less than 1, enter 1". The Highest Number Previously Paid For IN THIS SPACE is less than 2, enter 1". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 1". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 1". The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 1".											

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFT to process) an application. Confidentiality is governed by 38 USE of 122 and 37 CFR 1.14. This collection is estimated to their 21 miturels to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any commerts on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cell information Cfiles. U.S. Platest and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, W. 22319-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1490, Information Cfiles.